

## REVIEW

# The Role of the Nurse Advocate in Health and Social Care

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### Abstract

This article documents the different forms of advocacy and highlights the importance of advocacy in the UK health- and social-care settings. It draws on a number of elements related to advocacy to demonstrate the challenges that nurses may encounter. Moreover, it identifies the skills and knowledge that nurses may use as being advocates for patients/clients and their families. The article makes a strong argument by highlighting that nurses are essential advocates and are duty-bound to adhere to their professional code of conduct. The Nursing and Midwifery Council (NMC) Code clearly states that nurses must ensure that patients/clients and their families are protected, respected, treated with dignity, and are given the highest standard of person-centered care. This article has considered these in relation to nurse advocacy.

**Keywords:** Nursing student, patient advocacy, patient-centered care

### Introduction

Nurses in the United Kingdom [UK] and around the world play a pivotal role in advocating for patients/clients and their families. However, such a role can sometimes be challenging for nurses in the health and social care environment. This is because, for example, the families' needs may be different from the patients'/clients' needs and this can create conflict in the health and social care environment. However, the NMC (2018a) states that it is the responsibility of nurses to act as advocates for all patients/clients, to challenge poor practice and discriminatory attitudes and behaviors relating to patient/client care. Furthermore, the NMC (2018a) states that nurses should raise and, if necessary, escalate any concerns they may have about patient/client or public safety or the level of care that patients/clients are receiving in the workplace. They further state that nurses should use the channels available at their disposal in accordance with guidance, local policies, and practices. Importantly, nurses are required to act as advocates for patients/clients and their families who may be at risk of violation of their basic human rights (Altun and Ersoy, 2003). This article will consider the role of the nurse advocate, the different forms of advocacy, critical perspectives of advocacy in diverse contexts, potential barriers to effective advocacy, the link between advocacy and person-centered care, and nurses role in the process of informed consent and its challenges.

### What Is Advocacy?

Advocacy is deemed an integral role of the nurse (Peltzer et al., 2016). The advocacy role originated in legal practice where solicitors spoke on behalf of their clients who could not speak for themselves (Davis et al., 2003). Nurses provide care on a continuous basis for patients/clients both in hospital and community settings and in most cases, they strive to provide, as much as they possibly can, person-centered care for patients/clients and their families. As a result, nurses are in the best position to advocate for the interests of patients/clients and their families (Choi, 2015).

According to Newson (2007), advocacy is the process of speaking out or acting for oneself or on behalf of another person who is unable to do so for himself/herself. Upholding the rights and best interests of patients/clients and their families is an essential component of the advocate's role. Advocacy has become an ethical obligation, in which nurses speak on behalf of patients/clients when problems arise that the patient/client or family is unable to address and this role can be undertaken in settings such as in hospitals or in the community (Bickhoff et al., 2016; Choi, 2015; Davis et al., 2003).

### Skills, Knowledge, and Behaviors Necessary for the Advocacy Role

Theorists such as Newson (2007) and Bateman (2000) have identified key characteristics that nurses should have

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at their disposal when advocating for patients/clients and these include:

- recognizing when the individuals, patients/clients, or families do not have the skills or knowledge to advocate for themselves;
- ensuring the dignity and privacy of patients/clients and developing an awareness of the patients'/clients' or families' wishes and desires;
- recognizing that patients/clients or families have the right to be treated with dignity and respect irrespective of race, culture, social class, gender, sexuality, disability, and ability.

Moreover, Newson (2007) suggests that there are a number of skills necessary for successfully advocating for patients/clients which are negotiation, listening, communication, sensitivity, offering help without using power, being empathetic, honesty, and patience. Furthermore, for adopting the advocate role, Newson (2007) suggests some support principles that can enhance the nurse's role in the advocacy process include:

- learn to be on the patient's/client's or family member's side by listening carefully and demonstrating understanding. If disagreement occurs between family members and patients/clients, it is important to note that the wishes of the patient/client must be considered by family members.
- provide help and support without control or power;
- know the patient/client or the family and enjoy their company;
- be professional in everything that you do and offer a listening ear to the patient/client or family member[s] and act in their best interests.

### **Different Forms of Advocacy**

It has been stated that advocacy means different things to different people and this section will highlight the many forms of advocacy. It is important to note that these forms of advocacy may not necessarily be used in healthcare settings. However, it is important to identify them for the benefit of increasing nurses' knowledge and understanding of the different forms of advocacy.

### **Citizen Advocacy**

This refers to an advocate who works on behalf of an individual who is at risk of being disadvantaged. This citizen may be a spokesperson who will represent the disadvantaged person's best interests and will work with them to acquire the necessary services and support. This type of advocacy may be seen more often in community care settings than in hospitals (McNally, 1995).

#### **Main Points**

- Advocacy is an integral part of being a nurse by maintaining the rights and dignity of patients who cannot speak for themselves.
- There are hierarchical and structural barriers that may prevent nurses from speaking out.
- Student nurses should be taught the principles of advocacy in order to provide person-centered care.

### **Legal Advocacy**

Legal advocates can play an important role by acting on behalf of or representing the patients/clients. Additionally, they can educate them about their legal rights within regulatory and administrative systems. Legal advocates can respond to elder abuse and neglect in both hospital and community settings (McNally, 1995) and can be a voice for patients/clients.

### **Family/Carer Advocacy**

This type of advocacy is provided by either a family member or a carer. It is important to note that a family member or carer who takes on this role will be required to have the individual's best interests at heart (Bateman, 2000). However, this may not always go smoothly as family or carer may have their own agenda and not necessarily their family member/patient/client best interests at heart. This creates conflict and puts the family member/patient/client in a vulnerable position. It is therefore important that an appropriate person is found who can be an advocate for them.

### **Professional Advocacy**

This form of advocacy includes independent advocates who are paid and willing to support patients/clients or family members. These advocates will represent patients'/clients' or families' views. This does not normally happen in the healthcare environment, but if it does, it will involve a professional working with patients/clients or family members for a short period of time (Social Care Institute for Excellence, 2020).

### **Self-Advocacy**

Self-advocacy refers to a patient/client speaking out for themselves regarding matters that are important to them. This means that the patient/client does not require anyone else to speak on their behalf. An important aspect of this role is the ability to effectively communicate their own interests, desires, needs, and rights (Bateman, 2000). The ultimate goal of self-advocacy is to enable patients/clients to decide on what they want and to self-assess the situation with a view to speaking out for their own needs (Bateman, 2000).

### **Peer Advocacy**

It has been stated that this form of advocacy is normally achieved through one-to-one support provided by advocates with a similar disability or experience to a person using services. Trained individuals who work on a voluntary basis and support volunteers often provide peer advocacy and these types of advocates are well placed to offer support and can empathize with the needs of patients/clients. These advocates see the patient/client as equal, and therefore, they feel strongly about their role and will do their utmost to ensure that patients/clients have their needs addressed or considered (Social Care Institute for Excellence, 2020).

### **Non-Instructed Advocacy**

This generally refers to an advocate who is needed when, despite the provision of assistance and support, a patient/client is still unable to give their views and make their own

decisions. If such is the case, then the independent advocate will be required to use the information they have at their disposal to represent the patient/client. The aim of a non-instructed advocate is to secure the patient's/client's rights, promote their wellbeing, and ensure that their wishes are fully considered (Social Care Institute for Excellence, 2020). This may occur if the nurse feels that they are unable to act in the patient's/client's best interests.

### **Group/Collective Advocacy**

When a number of vulnerable individuals become empowered to collectively represent their own rights, interests, and needs, this is referred to as either collective or group advocacy (McNally, 1995).

### **Equality and Diversity**

In relation to equality and diversity, all NHS and independent sector organizations must comply with the public sector equality duty (Equality Act, 2010) by paying due regard, when carrying out their functions. To this end, all nurses in their advocacy role should ensure that patients/clients and their families are treated in a non-discriminatory way. Additionally, equality of opportunity should remain central in all care provisions and nurses should foster good relationship between patients/clients and their families who share "protected characteristics." These include:

- age,
- disability,
- gender reassignment,
- marriage and civil partnership,
- pregnancy and maternity,
- race,
- religion or belief,
- sex,
- sexual orientation.

(Social Care Institute for Excellence, 2020)

### **Critical Perspective of Advocacy in Diverse Contexts**

Advocacy is a core value in international nursing dominated by Western nursing concepts and theories, which sometimes does not always translate into non-Western societies due to cross-cultural differences (Davis et al., 2003). Bradbury-Jones et al.'s (2007) cross-cultural comparative study explored UK and Japanese nursing students' experiences of empowerment and disempowerment in clinical practice. The study found that the hierarchy within nursing may provide a barrier to advocacy within both cultures. They highlighted a link between encouragement and support of students and their perceived empowerment, as well as a lack of support, which left them feeling disempowered (Bradbury-Jones et al., 2007). It is important to note that although barriers were recognized, UK students in this study were able to articulate the importance of advocacy in clinical practice but were often unable to speak up for their patients' needs and felt unsupported to do so (Bradbury-Jones et al., 2007). Equally, Moquin et al. (2018) undertook an action research study to explore how nursing students understand

learning in residential care homes. They concluded that hierarchies in nursing often created general anxiety among nursing students, which initially hindered their ability to advocate for those in their care. The study added that the ability and skill to advocate are built over time and come with confidence and knowledge (Moquin et al., 2018). A recent study based in both the UK and Australia reported that some students would speak up when they witnessed poor care and continued to speak up even when their initial concerns had been dismissed (Jack et al., 2021). These collective results appear to imply that unless student nurses are well supported and integrated into a placement area, they may experience anxiety and resist asking questions including raising concerns or advocating for their patients/clients (Bradbury-Jones et al., 2007; Moquin et al., 2018), whereas acting with personal belief and professional guidance can override fear and the possibility of negative outcomes for their patients (Jack et al., 2021).

### **Potential Barriers to Effective Advocacy**

It is an ethical obligation for all healthcare professionals to speak out for patients/clients and their families in their care (GMC, 2021; NMC, 2018); however, advocacy can sometimes be left to staff nurses as they are perceived to have the most opportunity to build relationships with patients/clients and their families throughout care delivery (Davis et al., 2003). For newly qualified staff nurses, this can be challenging for them and their anxieties may increase because of their lack of experience (Moquin et al., 2018). Mellor et al. (2017) suggested that better effective professional socialization between theory and practice could be one possible solution to reduce this anxiety and increase the ability of novice staff nurses to find their voice and speak out for patients/clients and their families.

Similarly, Davoodvand et al. (2016) explain that all nurses should act as advocates for patients/clients and their families and are the link between the patients/client, families, other healthcare professionals, and healthcare providers. However, patient/client advocacy in the field of nursing with other healthcare providers faces several obstacles that have prevented nurses from accomplishing their roles as advocates, for example powerlessness, a lack of support, and insufficient time to interact with patients/clients and their families (Tomaschewski-Barlem et al., 2017).

With regard to the barriers imposed by doctors, Tomaschewski-Barlem et al (2017) suggest that nurses need to question and challenge decisions based on established medical authority in order to efficiently practice patient/client and family advocacy. This brings to light the Francis Report into the Mid Staffordshire NHS Foundation Trust Public Inquiry (The Stationery Office, 2013). This report highlighted serious concerns at Mid Staffordshire Hospital as a result of healthcare staffs' actions and omissions. Conclusively, patients and families were not central to the care provision expected of the Mid Staffordshire hospital. Few nurses acted as advocates for patients and their families which led to poor care and standards, thus resulting in

a number of patients' deaths (The Stationery Office, 2013). This brings to light the duty of candor which refers that healthcare professionals including nurses must be open and honest with patients/clients and their families when something goes wrong with the patient's/client's treatment or when care causes or has the potential to cause harm or distress (NMC, 2018).

Tomaschewski-Barlem et al (2017) explain that nurses seem to be risk-averse, as there can be a culture of silence and conformity at the expense of conflict or confrontation. A culture that may reinforce constraints needs to be overcome for nursing advocacy to be implemented. Tomaschewski-Barlem et al (2017) suggest that for nurses to overcome these barriers and play an effective role as advocates, they need to improve their knowledge, obtain training, recognize themselves as equal partners with other healthcare professionals, and seek support from their employers and institutions. In addition, both practice and university teams have a responsibility to support students' development as ethical and courageous practitioners (Jack et al., 2021). Furthermore, nurses must work collaboratively with the inter-professional team for the benefit of patients/clients (Tomaschewski-Barlem et al., 2017).

### **The Link Between Nurse Advocacy and Person-Centered Care**

To date, person-centered care or personhood has taken many forms and influenced the development of many frameworks for practice such as the authentic consciousness framework (McCormack, 2003), the senses framework (Nolan et al., 2003), and the person-centered nursing framework (McCormack & McCance, 2006). The importance of providing person-centered care is at the heart of nursing practice; however, it must be recognized that in order to truly put people at the center of their care, the practice of person-centered care requires the support of person-centered cultures (McCormack et al., 2015). Instrumental to many of the strategies that have been developed to ensure that people stay at the center of their care is captured in the following quote by the Health Foundation (2015):

*We want a more person-centered healthcare system, where people are supported to make informed decisions about and to successfully manage their own health and care and choose when to invite others to act on their behalf. We want healthcare services to understand and deliver care responsive to people's individual abilities, preferences, lifestyles, and goals.* (Health Foundation, 2015)

Despite clear objectives, there is a concern that the term "person-centeredness" is being used in clinical and educational settings as a general, foundational term to describe high-quality delivery of healthcare services (McCormack et al., 2015). However, if person-centered care is implemented through shared collaborative values in education and clinical practice, it improves opportunities to successfully advocate for patients (McCormack et al., 2015; Health

Foundation, 2015). When used as a framework to support patients who are central to their own care in multiple care settings, it is possible to understand patients' needs for an advocate, in order to ensure their satisfaction and involvement in their care, their sense of wellbeing, and creating a therapeutic culture as seen in the senses framework developed by McCormack and McCance (2006) (Figure 1).

### **Nurses' Role in the Process of Informed Consent**

Menendez (2013, 2021) highlights that even though the main responsibility for informed consent of medical procedures rests with doctors, nurses' roles are equally important, especially as patient/client advocates. Menendez (2013, 2021) explains that informed consent is a practical application of shared decision-making between a healthcare provider and a patient/client and not merely about obtaining a signature from the patient/client.

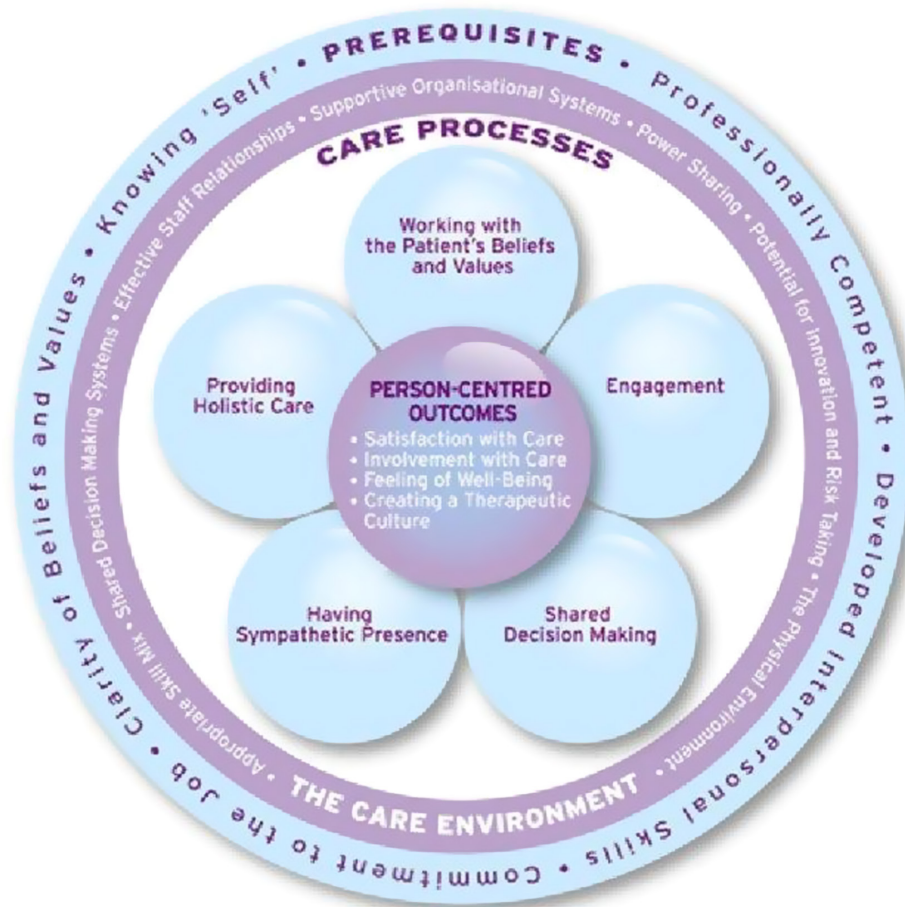
Menendez (2013, 2021) and Faison (2018) further suggest that to meet the accepted definition of informed consent, the patient/client needs to have the capacity to make the decision and to willingly accept medical intervention (without coercion or duress). This must be based on providing adequate disclosure of the nature of the intervention and associated risks and benefits that have been adequately explained. Menendez (2013) argues that the ethical implication to be considered in the process of informed consent is based on the opportunity for the patient to exert autonomy. Equally, Faison (2018) suggests that to establish effective informed consent, Health Care Professionals (HCPs) must balance their obligation to protect the patient's/client's health through beneficence and their obligation to respect the patient's/client's autonomy.

Several studies indicate that the nurses' role in the informed consent process is inconsistent which could put them at risk for liability claims and risk to their professional registration (Faison, 2018; Menendez, 2013; Nasrabadi and Shali, 2017). In the UK, the nurses' role in informed consent is clearly outlined in the revised Nursing and Midwifery Council Code statements (2018a). The provisions particularly related to informed consent are in the following sections:

- **Section 2.5** states that respect, support, and document a person's right to accept or refuse care and treatment;
- **Section 4.1** states that balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment and;
- **Section 4.2** states that make sure that you get proper informed consent and document it before carrying out any action.

With this understanding, nurses possess a special opportunity to facilitate patient/client autonomy or act as advocates, especially in the presence of special circumstances, such as patients who refuse treatment/procedures, patients/clients





**Figure 1.**  
**McCormack, B, & McCance, T. (2006). Development of a framework for person-centered nursing. Journal of Advanced Nursing, 56(5), 472-479.**

with restricted mental capacity, or patients with surrogate decision makers.

### Challenges to Facilitate Informed Consent

Mendenez (2013, 2021) highlights that nurses may strive to advocate for patient's/client's autonomy and rights through appropriate participation in the informed consent process. However, Faison (2018) argues that compliance with legal and regulatory requirements, as well as hierarchical and diverse cultures (family concerns), might make the concept of informed consent baffling and challenging for nurses. Furthermore, there is existing confusion concerning the relevant distinction between a signature on the surgical consent/authorization form and the patient's/client's informed consent.

Menendez (2013, 2021) suggests that the misconception that informed consent is the same as a signature on a consent form can be challenging for nurses who frequently facilitate the legal documentation form. However, Mendenez (2013) reaffirms that as patient/client advocates and direct care providers, nurses have a unique opportunity to meaningfully advocate for mutual decision-making, in the process that promotes patient/client autonomy, comprehension, and self-determination.

### How Can Nurses Advocate for Patients/Clients in the Process of Informed Consent?

Menendez (2013) further highlights that patient comprehension is a precondition for obtaining valid informed consent. It is important to acknowledge that even highly intelligent patients/clients and their families may experience difficulties in fully comprehending complicated information. To maximize comprehension, Mendenez (2013, 2021) suggests that information should be carefully provided in a manner that increases patient/client understanding of what is being explained. Mendenez (2013, 2021) further states that nurses have a unique opportunity to contribute toward maximizing comprehension by using a repeat-back process on comprehension after informed consent discussions. Fink et al. (2010) further explain that the repeat-back methodology has shown to be effective on patient/client comprehension of information disclosed during informed consent for medical procedures.

It has been suggested that nurses are more likely to be familiar with and skilled in the repeat-back methodology, which could be used by asking patients/clients to recount what they had learned in the informed consent discussion (Menendez, 2013, 2021). Menendez (2013, 2021) further argues that consent forms are potentially meaningful

educational tools that nurses could use as springboards for important discussions about what to expect before and after medical procedures. For example, moving beyond simply informing a patient/client of the risks or benefits of the procedure, to actually educating patients/clients about what is involved in giving consent. Essentially, nurses should be well educated about the informed consent process in order to serve in the advocacy role (Fink et al., 2010).

## Conclusion

Given that nurse advocacy is a complex concept with different meanings, nurses play an important role in the health- and social-care settings in the UK and around the world. The skills of an advocate can be used by nurses to maintain the rights and dignity of patients/clients and their families who may not necessarily have the knowledge, skills, and the ability to speak up for themselves. All individuals in nurses' care require respect and must be treated with dignity which have been highlighted in the Nursing and Midwifery Council Code of Conduct (2018b). It is therefore the responsibility of nurses to protect all patients/clients at all times in all health and social care environments. A failure to do so would mean that nurses could be seen to be in breach of their code of professional conduct and potentially be breaking the law. This may lead to nurses being called to account by the Nursing and Midwifery Council in the UK. So it is imperative that nurses' act at all times in the best interests of their patients/clients and their families.

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